



# ***National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB)***

## **Fall 2004 IQRS URP**

## **Pro-Active Disclosure Service (PDS)**

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# ***Pro-Active Disclosure Service***

- The Practitioner Data Banks Branch (PDDB) is exploring the feasibility of providing a Pro-Active Disclosure Service (PDS) to respond to industry regulations and to provide increased value to its customers.
  - PDS would notify entities automatically when the Data Banks receive new reports on subjects of interest.
- A PDS has the potential to improve entities' health care quality by substantially reducing the time between the Data Banks' receipt of a subject report and the interested entities' notification of that report.
  - Current Data Bank functionality and query process will not change.
    - PDS will be an optional service.



# ***Pro-Active Disclosure Service***

- National Committee for Quality Assurance (NCQA) monitoring standard for Managed Care Organizations (MCOs) states: “There are policies and procedures for the on-going monitoring of Medicare and Medicaid sanctions, sanctions or limitations on licensure, and complaints...”
  - Development of a PDS could potentially assist entities in satisfying the requirement to conduct on-going monitoring.
    - Entities currently spend numerous hours manually searching various sources and databases to conduct on-going monitoring of practitioners.
    - PDS could alleviate this process by pro-actively disclosing reports of interest to entities.



# ***Pro-Active Disclosure Service - Phase I***



- PDBB, in conjunction with SRA International, Inc. (SRA), conducted Phase I of this effort in Spring 2003.
- PDBB and SRA solicited information on the PDS concept by administering discussion group sessions in several select regions nationwide with a diverse group of NPDB-HIPDB customers.
  - The discussion groups were conducted to ascertain customer interest in a PDS and to gain important customer requirements for the service.
  - PDBB used this information to identify the PDS features that would best address the requirements for on-going monitoring of practitioners.



# ***Pro-Active Disclosure Service – Phase I***



- **Locations.**

- Discussion groups consisted of approximately 6-11 participants each in 11 different cities across the United States.
  - The decision to conduct a discussion group in a particular city rested upon concentrated customer query volume for each Data Bank.
  - Each invitee was within 40 miles of their respective city center.
  - Selected cities represented a wide geographic range and included: Boston, Hartford, New York, Baltimore, Tampa, Chicago, Minneapolis, Phoenix, San Francisco, Los Angeles, and Dallas.



# ***Pro-Active Disclosure Service – Phase I***



- Each discussion group was separated into four primary sessions focusing on:
  - Current NPDB-HIPDB Operations.
  - PDS Delivery Method Options.
  - PDS Fee Structure Options.
  - Participant Customized PDS Systems.

*Boston*



# ***Pro-Active Disclosure Service – Phase I***



- **Current NPDB-HIPDB Operations.**

- Participants provided beneficial feedback that reflected a positive perception of Data Bank content, functionality, quality, and responsiveness. Participants also provided ideas for future enhancements to the Data Banks.
- Participants displayed general concern over reporting habits of entities (timeliness, thoroughness).
- On-going enrollment tends to be a manual rather than an automated process.
- Participants generally query the Data Banks during initial credentialing, recredentialing, and when there are changes in privileges (usually the Data Banks are not used for interim monitoring, primarily due to cost).
- Many hospitals expressed significant interest in querying HIPDB. However, most are not authorized to do so under existing law.



# ***Pro-Active Disclosure Service – Phase I***



- **Current NPDB-HIPDB Operations.**

- Participants were asked to explain what factors most influenced their credentials verification process.

- **Regulatory Requirements.**

- Cost vs. Trust – Liability drives the process. Participants noted the need to balance long-term perspective with lawsuit costs. This process is driven primarily by regulations and accreditations (e.g., NCQA, Joint Commission on Accreditation of Healthcare Organizations [JCAHO]).

- **Quality of Patient Care.**

- Greatly increases demand for a PDS by mitigating risk.
  - May reduce lawsuits and level of resources required for credentialing process.

- **Ethics**

- Overarching need to “do what is right” for the patient (predominantly through hospitals represented in groups).

*Chicago*



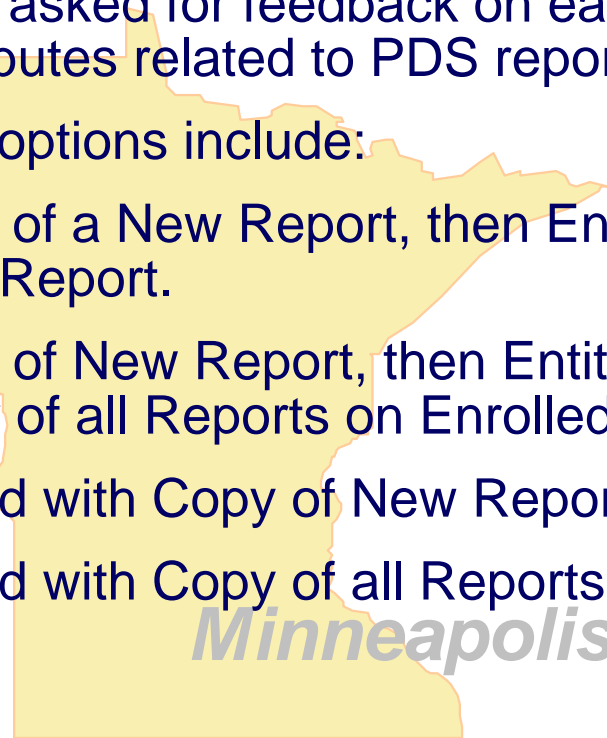


# ***Pro-Active Disclosure Service – Phase I***



- **Delivery Options.**

- Participants were asked for feedback on each primary option as well as other attributes related to PDS report delivery.
- The four delivery options include:
  - Entity Notified of a New Report, then Entity Queries to Receive New Report.
  - Entity Notified of New Report, then Entity Queries to Receive Copy of all Reports on Enrolled Subject.
  - Entity Provided with Copy of New Report.
  - Entity Provided with Copy of all Reports on Enrolled Subject.





# ***Pro-Active Disclosure Service – Phase I***



- **Fee Structure Options.**

- Participants were asked for feedback on each primary option as well as other attributes related to PDS billing processes and procedures.
- The three fee structure options included:
  - **Flat Fee for Service** – All entities pay the same fee to subscribe to the PDS regardless of the number of subjects enrolled.
  - **Fee per Individually Enrolled Subject** – Entities pay a fee for each individual subject enrolled in the PDS.
  - **Fee for Blocks of Subjects** – Entities pay a fee based on the number of subjects enrolled in the PDS. Fees are graduated where the actual cost per subject declines when the number of enrolled subjects increases.



# ***Pro-Active Disclosure Service – Phase II***



- **Phase II discussion groups were held in September/October 2004 in Minneapolis, Los Angeles, San Francisco, Boston, and New York and consisted of 25 participants each.**
- **Goals of the meetings were to:**
  - Verify Phase I high-level requirements and features.
  - Gather data on enrollment and subscription structure alternatives.
  - Collect and discuss data for Annual PDS Rate determination.



# ***Pro-Active Disclosure Service – Phase II***



- **Requirements and Features of the PDS created from last year's meeting include:**
  - **Requirement 1.0 - PDS shall allow users to enroll and de-enroll subjects.**
    - **Enroll subjects using large batch data exported from entity to PDS at any time.**
    - **Manually enroll subjects for service at any time. This includes manually deleting subjects and making changes at any time to the enrolled subject data (e.g., changing a subject address).**
    - **Update enrolled subjects by sending master data file for PDS to sort new and deleted items at any time. This includes adding new subjects and deleting subjects no longer with the facility.**
    - **Obtain summary from PDS to verify enrolled subjects (would contain adds and deletes during the period and would remain for 30 days in the IQRS).**
    - **Include PDS initial query with subscription fee.**
    - **Electronic batch confirmation including names of those subjects successfully enrolled and those rejected and reason for rejection.**



# ***Pro-Active Disclosure Service – Phase II***



- **Requirement 2.0 - PDS shall collect fees based on a subscription timeframe.**
  - **Annual subscriptions for each practitioner based on initial enrollment date. For billing purposes, each practitioner enrolled in a particular month will have a subscription that expires on the last day of the same month of the following year.**
    - **i.e., all practitioners enrolled in January 2004 regardless of the exact date of enrollment will have subscriptions that expire on January 31, 2005.**



# ***Pro-Active Disclosure Service – Phase II***



- **Requirement 3.0 - PDS shall notify users when a report is ingested on a monitored subject and provide access to that report.**
  - Notification within one business day.
  - Notification sent via e-mail and IQRS Data Bank correspondence.
  - Reports available in IQRS for 30 days in PDF format.

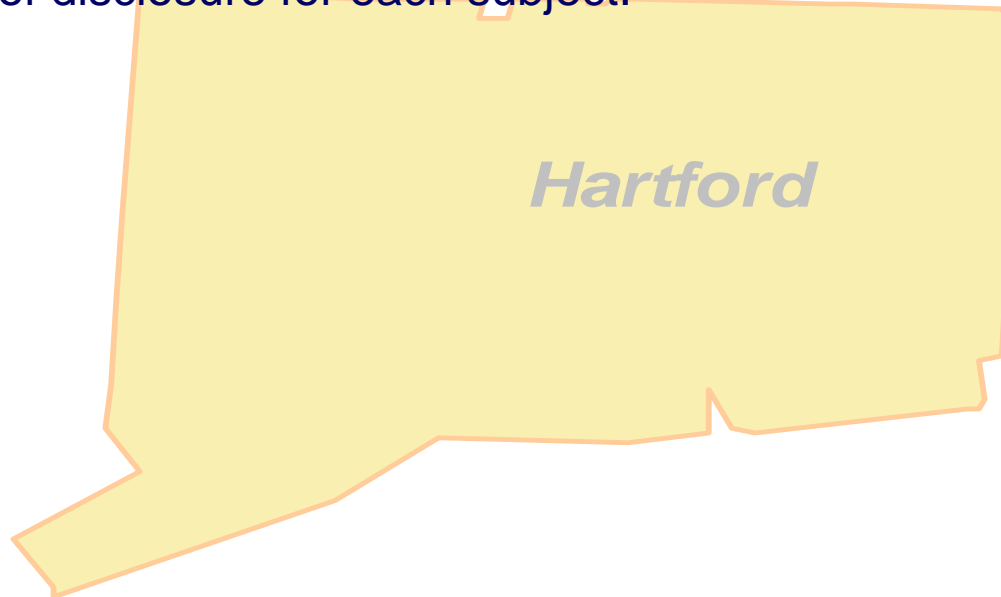
*Hartford*



# ***Pro-Active Disclosure Service – Phase II***



- **Requirement 4.0 - PDS shall provide users with a copy of reports on a monitored subject.**
  - Elect to receive all of the subject's reports or only the new report, at time of disclosure for each subject.

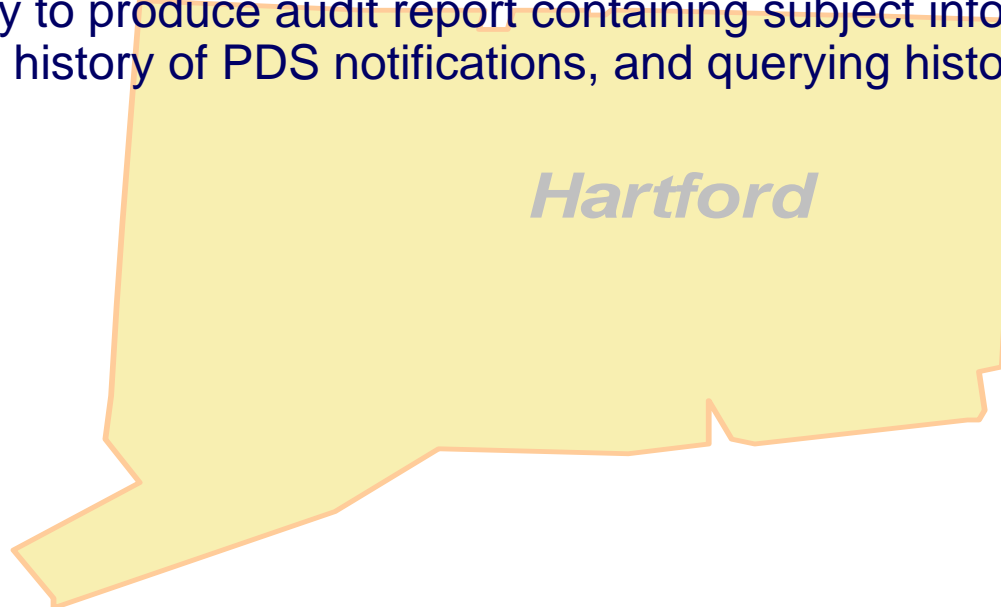




# ***Pro-Active Disclosure Service – Phase II***



- **Requirement 5.0 - PDS shall provide summary information for audit reports and payment reconciliation.**
  - Ability to reconcile accounts at user defined periods.
  - Ability to produce audit report containing subject information, enrollment date, history of PDS notifications, and querying history.



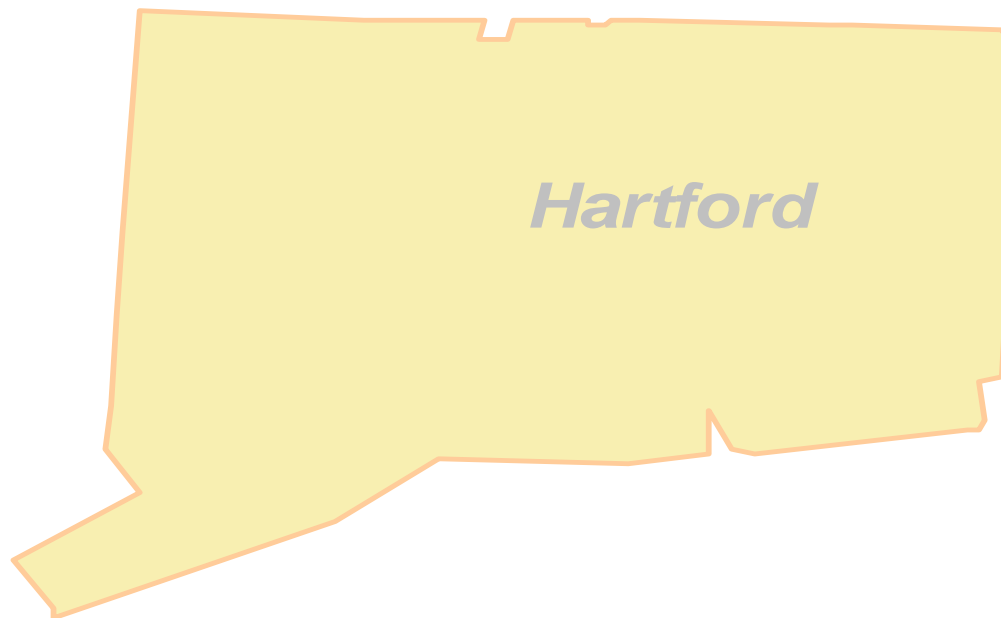




## ***Pro-Active Disclosure Service – Phase II***



- **Requirement 6.0 - Users require efficient and equitable fee structure.**
  - Collect an annual fee per individually monitored subject.

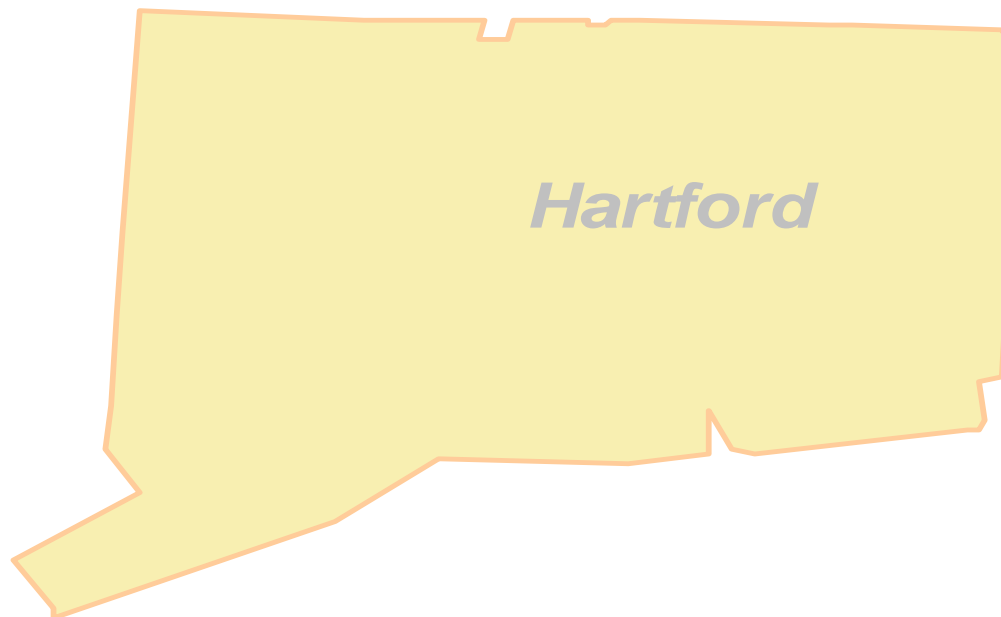




## ***Pro-Active Disclosure Service – Phase II***



- **PDS cost to entity will approximate query cost over practitioner credentialing period.**





# ***Fall 2004 IQRS URP***

## **Questions / Comments**